

**PERMISSION/ MEDICAL RELEASE FORM**  
**Riverton Friends Church**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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PARENT(S) or GUARDIAN(S) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

ALTERNATE PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I give permission to photograph my child/ren for slideshow purposes.      YES    NO

I give permission for my above-named child/ren to participate in all Riverton Friends Church children's activities for the **2017- 2018** school year.      YES    NO

I hereby release Riverton Friends Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during these activities. In the event of an emergency, I hereby authorize an adult leader of this activity as agent for me to consent to any X- ray examination; medical, dental or surgical diagnosis, treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Emergency person to contact (if you cannot be contacted)

ALLERGIES: \_\_\_\_\_

MEDICAL INFORMATION WE NEED TO KNOW: \_\_\_\_\_

MEDICAL INSURANCE: \_\_\_\_\_

MEMBER'S NAME: \_\_\_\_\_ MEMBER ID # \_\_\_\_\_